DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. P690CIP1

ż

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated be low next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: An Internet System for Connecting Client-Travelers with Geographically-Associated Data

the case that the present application material information as defined in application and the filing date of the States Code s119 of any foreign ap- below any foreign application for that of the application on which pre-	was filed on: Application Seria and was amende (If applicable) d and understood the con ment referred to above. application in accordanc in is a continuation-in-pa 37 CFR s 1.56(a) which he present application. I oplications for patent or i patent or inventor's certif	I No. d on tents of the above-iden I acknowledge the duty with Title 37, Code of rt application, I further became available between the description of the company of the	to disclose information which is of Federal Regulations, s 1.56 (a). In acknowledge the duty to disclose een the filing date of the prior riority benefits under Title 35, United ted below and have also identified
Prior Foreign Application(s)	(Number) (Country)	(Day/Month/Year Filed)
	Title 35, United States Co of each of the claims of the distribution of the state of the defined in Title 37, Cod	de, s120 of any United his application is not di f Title 35, United State e of Federal Regulation	sclosed in the prior United States s Code, s112, I acknowledge the duty is, s156(a) which occurred between
(Application Serial No.): 09/474 (Application Serial No.): (Application Serial No.): (Application Serial No.): (Application Serial No.):	(Filing Date): (Filing Date): (Filing Date): (Filing Date): (Filing Date)	Status): Status):	g
POWER OF ATTORNEY: As a r prosecute this application and tran (List name and registration number	sact all business in the Pa	appoint the following atent and Trademark O	attorney(s) and/or agent(s) to ffice connected therewith.
Name:Donald R. Boys	Reg. No. 35,074		

SEND CORRESPONDENCE TO: Donald R. Boys P.O. Box 187 Aromas, CA 95004 DIRECT TELEPHONE CALLS TO: Donald R. Boys (831) 726-1457 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Harry A. Glorikan	
1st inventor's signature:	Dated: 02/10/2000
Residence: 49 Waverley Street, Belmont, MA 02478 Citizenship: US	
Post Office Address: Same	
Full name of 2nd joint inventor, if any:	
2nd inventor's signature:	_ Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 3rd joint inventor, if any:	
3rd inventor's signature:	_ Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 4th joint inventor. if any:	
4th inventor's signature:	_ Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 5th joint inventor. if any:	
5th inventor's signature:	_ Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 6th joint inventor. if any:	
6th inventor's signature:	Dated:
Residence: Citizenship:	_ Dateu.
Post Office Address:	
Full name of 7th joint inventor. if any:	
7th inventor's signature:	_ Dated:
Residence: Citizenship:	
Post Office Address:	
Full name of 8th joint inventor. if any:	
8th inventor's signature:	_ Dated:
Residence: Citizenship:	
Post Office Address:	

Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS

Docket Number (Optional)

(37 CFR 1.9(f) & 1.27(b))IND	DEPENDENT INVENTOR	P690CIP1			
Applicant, Patentee, or Identifier: Harry A. Glorikian					
Application or Patent No.: NA					
FiledorIssued: NA					
***	r Connecting Client-Travelers with Ge	ographically-Associated			
	by state that I qualify as an independent inventoes to the Patent and Trademark Office describe				
the specification filed herewith with title as listed above.					
the application identified above.					
the patent identified above.					
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).					
Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:					
No such person, concern, or organization exists.					
Each such person, concern, or organization is listed below.					
Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27) I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))					
Harry A. Glorikian NAME OF INVENTOR Signature of inventor	NAME OF INVENTOR Signature of inventor	NAME OF INVENTOR Signature of inventor			
02/10/2000 Date	Date I	Date			
·	-	7410			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.